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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	1313
First Named Inventor	ROGERS.
<b>COMPLETE IF KNOWN</b>	
Application Number	10 1724, 003
Filing Date	11/26/2003
Group Art Unit	3682.
Examiner Name	

**As a below named Inventor, I hereby declare that:**

**My residence, post office address, and citizenship are as stated below next to my name**

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ROP END DEVICE FOR A MOTOR VEHICLE.

the specification of which

*(Title of the Invention)*

is attached hereto

was filed on (MM/DD/YY)

as United States Application Number or PCT International

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028, attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

I hereby claim the benefit under 35 U.S.C. 119(e) or any United States provisional application(s) listed below.	
<b>Application Number(s)</b>	<b>Filing Date (MM/DD/YYYY)</b>
60/4429,964	11/29/2002

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.		

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number **40313** →  Place Customer Number Bar Code Label here  
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
<i>DAVID J. ARCHER</i>	31,076.		

<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.			
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>40313</b> OR <input checked="" type="checkbox"/> Correspondence address below			

Name	<i>DAVID J. ARCHER</i>				
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Country	<i>US</i>	Telephone	<i>815 629 2750</i>		Fax <i>815 629 2793</i>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname			
<i>JAMES</i>	<i>James A. Rogers</i>					
Inventor's Signature						Date <i>9/30/04</i>
Residence: City	<i>FREIGHT</i>	State	<i>IL</i>	Country	<i>US</i>	Citizenship <i>US</i>
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Post Office Address						
City	<i>FREIGHT</i>	State	<i>IL</i>	ZIP	<i>61032</i>	Country <i>US</i>
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto						